



Form B1, p.1 (04/07)

Blumberg's Law, P.C., Inc., Publisher, NYC 10013

United States Bankruptcy Court NORTHERN District of Illinois								Voluntary Petition																							
Name of Debtor(if individual, enter Last, First, Middle): HARRIS-MUHAMMAD: DEMETRIUIS					Name of Joint Debtor (Spouse) (Last, First, Middle): MUHAMMAD: YOLANDA																										
All Other Names used by the debtor in the last 8 years (include maiden and trade names): Demetrius Harris Demetrius Muhammad					All Other Names used by the joint debtor in the last 8 years (include maiden and trade names): None																										
Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all): 4740					Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all): 4224																										
Street Address of Debtor (No. & Street, City and State): 21702 Peterson Avenue Sauk Village, IL 60411					Street Address of Joint Debtor (No. & Street, City and State): 21702 Peterson Avenue Sauk Village, IL 60411																										
ZIP CODE					ZIP CODE																										
County of Residence or of the Principal Place of Business: Cook					County of Residence or of the Principal Place of Business: Cook																										
Mailing Address of Debtor (if different from street address):					Mailing Address of Joint Debtor (if different from street address):																										
ZIP CODE					ZIP CODE																										
Location of Principal Assets of Business Debtor (if different from street address above):					ZIP CODE																										
<b>Type of Debtor (Form of Organization)</b> (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)  <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code ( <i>the Internal Revenue Code</i> ).		<b>Nature of Business</b> (Check all applicable boxes) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. §101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <input checked="" type="checkbox"/> Chapter 13																											
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See See Official Form 3A.  <input type="checkbox"/> Filing Fee Waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Nature of Debts (check one box)</b> <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.																													
		<b>Chapter 11 Debtors</b> <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. §101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. §101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders of affiliates) are less than \$2,190,000.																													
		<b>Check all applicable boxes:</b> <input checked="" type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors in accordance with 11 U.S.C. § 1126(b).																													
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds for distribution to unsecured creditors									THIS SPACE FOR COURT USE ONLY																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Estimated number of Creditors</th> <th>1-49</th> <th>50-99</th> <th>100-199</th> <th>200-999</th> <th>1,000-5,000</th> <th>5,001-10,000</th> <th>10,001-25,000</th> <th>25,001-50,000</th> <th>50,001-100,000</th> <th>OVER 100,000</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>										Estimated number of Creditors	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Form B1, p.2 (04/07)

BlumbergExcelsior, Inc., Publisher, NYC 10013

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): HARRIS-MUHAMMAD : DEMETRIUIS	
<b>All prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)</b>			
Location Where Filed:	Case Number	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)</b>			
Name of Debtor:	Case Number:	Date Filed:	
District	Relationship:	Judge:	
<div style="text-align: center;"><b>Exhibit A</b></div> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made part of this petition.		<div style="text-align: center;"><b>Exhibit B</b></div> (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by §342(b) of the Bankruptcy Code.  <div style="display: flex; justify-content: space-between;"> <div> <u>/s/ Carl B. Boyd</u>                          Signature of Attorney for Debtor(s).                     </div> <div> <u>11/23/2007</u>                          Date:                     </div> </div>	
<div style="text-align: center;"><b>Exhibit C</b></div> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<div style="text-align: center;"><b>Exhibit D</b></div> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made part of this petition.			
<div style="text-align: center;"><b>Information Regarding the Debtor-Venue</b> (Check any applicable box)</div> <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business, or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this district.			
<div style="text-align: center;"><b>Statement by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes)</div> <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  Name of landlord that obtained judgment:   Address of landlord:   <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			



Form B1, p.3 (04.07)

BlumbergExcelsior, Inc., Publisher, NYC 10013

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): HARRIS-MUHAMMAD: DEMETRIUIS MUHAMMAD: YOLANDA
<b>Signatures</b>	
<p><b>Signature(s) of Debtor(s) (Individual/Joint)</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by §342(b) of the Bankruptcy Code.</p> <p>I request relief in accordance with the chapter title 11, United States Code, specified in this petition.</p> <p>X <u>/S/ Demetrius Harris-Muhammad</u>                  Signature of Debtor</p> <p>X <u>/S/ Yolanda Muhammad</u>                  Signature of Joint Debtor</p> <p>Telephone Number (If not represented by attorney)  <u>11/23/2007</u>                  Date</p>	<p><b>Signature of a Foreign Representative</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by §1515 of title 11 are attached.</p> <p><input type="checkbox"/> Pursuant to §1511 of title 11, United States Code, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____                  (Signature of Foreign Representative)</p> <p>(Printed Name of Foreign Representative)</p> <p><u>11/23/2007</u>                  Date</p>
<p><b>Signature of Attorney</b></p> <p>X <u>/S/ Carl B. Boyd</u>                  Signature of Attorney for Debtor(s)</p> <p>Printed Name of Attorney for Debtor(s)                  Carl B. Boyd #6206607                  Firm Name                  Starks &amp; Boyd, P.C.                  Address                  11528 S. Halsted                  Chicago, IL 60628</p> <p>Telephone Number                  (773) 995-7900                  Date <u>11/23/2007</u></p>	<p><b>Signature of Non-Attorney Bankruptcy Petition Preparer</b></p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in U.S.C. §110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. §110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor as required in that section. Official Form 19B is attached.</p> <p>Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. §110.)                  Address</p> <p>X _____                  Date <u>11/23/2007</u>                  Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.</p> <p>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.</i></p>
<p><b>Signature of Debtor (Corporation/Partnership)</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____                  Signature of Authorized Individual</p> <p>Printed Name of Authorized Individual</p> <p>Title of Authorized Individual</p> <p>Date <u>11/23/2007</u></p>	



## UNITED STATES BANKRUPTCY COURT

### NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

#### **1. Services Available from Credit Counseling Agencies**

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

#### **2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

##### **Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

##### **Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

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2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

**Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

\_\_\_\_\_  
Printed name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security Address: number of the officer, principal, responsible person, or by 11 U.S.C. § 110.)

\_\_\_\_\_  
X

\_\_\_\_\_  
Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

**Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

HARRIS-MUHAMMAD: DEMETRIUIS

MUHAMMAD: YOLANDA

\_\_\_\_\_  
Printed Name(s) of Debtor(s)

\_\_\_\_\_  
X/S/ Demetrius Harris-Muhammad 11/23/2007

\_\_\_\_\_  
Signature of Debtor

\_\_\_\_\_  
Date

Case No (if known) \_\_\_\_\_

\_\_\_\_\_  
X/S/ Yolanda Muhammad

\_\_\_\_\_  
11/23/2007

\_\_\_\_\_  
Signature of Joint Debtor (if any)

\_\_\_\_\_  
Date



**UNITED STATES BANKRUPTCY COURT**

NORTHERN **District of** Illinois

In re HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA  
Debtor(s)

Case No.  
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

HARRIS-MUHAMMAD: DEMETRIUIS

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will any filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*



☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]*

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the developed through the agency. Any extension of the 30-day deadline can be granted only 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Demetrius Harris-Muhammad

HARRIS-MUHAMMAD: DEMETRIUIS

Date: 11/23/2007





**UNITED STATES BANKRUPTCY COURT**

NORTHERN **District of** Illinois

In re HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA  
Debtor(s)

Case No.  
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

MUHAMMAD: YOLANDA

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will any filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and may have to take extra steps to stop creditor's collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☐ 1. Within the 180 days **before the filing of my bankruptcy case, I** received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case, I** received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*





☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]*

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the developed through the agency. Any extension of the 30-day deadline can be granted only 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Yolanda Muhammad

MUHAMMAD: YOLANDA

Date: 11/23/2007



3085W Stmt of Comp.:  
Rule 2016(b) (12-95)

**UNITED STATES BANKRUPTCY COURT**      **NORTHERN DISTRICT OF Illinois**

In re: HARRIS-MUHAMMAD : DEMETRIUIS  
MUHAMMAD : YOLANDA

Debtor(s) Case No. (if known)

**STATEMENT**  
**Pursuant to Rule 2016(b)**

The undersigned, pursuant to Rule 2016(b) Bankruptcy Rules, states that:

- (1) The undersigned is the attorney for the debtor(s) in this Case.
- (2) The compensation paid or agreed to be paid by the debtor(s) to the undersigned is:

(a) for legal services rendered or to be rendered in contemplation of and in connection with this case	\$	3500.00
(b) prior to filing this statement, debtor(s) have paid	\$	526.00
(c) the unpaid balance due and payable is	\$	2974.00
- (3) \$ 274.00 of the filing fee in this case has been paid.
- (4) The services rendered or to be rendered include the following:
  - (a) analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
  - (b) preparation and filing of the petition, schedules, statement of affairs and other documents required by the court.
  - (c) representation of the debtor(s) at the meeting of creditors.
- (5) The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and
- (6) The source of payments made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and
- (7) The undersigned has received no transfer, assignment or pledge of property except the following for the value stated:
- (8) The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:

**Dated:**  
11/21/07

**Respectfully submitted,**  
/S/ Carl B. Boyd

**Attorney for Petitioner**  
Carl B. Boyd #6206607

**Attorney's name and address**  
Starks & Boyd, P.C. 11528 S. Halsted, Chicago, IL 60628



Federal Bankruptcy Cover (10/06)

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Case No.

## United States Bankruptcy Court

NORTHERN **DISTRICT OF** Illinois

In Re HARRIS-MUHAMMAD: DEMETRIUIS Debtor(s)  
MUHAMMAD: YOLANDA

Chapter 13

Last four digits of Soc. Sec. No./ Complete EIN or other Tax 4740 4224  
I.D. No.(If more than one, state all): \_\_\_\_\_

## Petition, Schedules and Statement of Financial Affairs

Carl B. Boyd #6206607  
Starks & Boyd, P.C.

Attorney(s) for Petitioner  
Office & Post Office Address & Telephone Number  
11528 S. Halsted  
Chicago, IL 60628  
(773) 995-7900

### REFERRED TO

\_\_\_\_\_  
\_\_\_\_\_  
Clerk

\_\_\_\_\_  
Date



## UNITED STATES BANKRUPTCY COURT NORTHERN

## DISTRICT OF Illinois

In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Debtor(s) Case No.  
Chapter

## SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

Name of Schedule	Attached (Yes/No)	Number of Sheets	Amounts Scheduled		
			Assets	Liabilities	Other
A - Real Property	x	1	220000.00		
B - Personal Property	x	5	14525.00		
C - Property Claimed as Exempt	x	1			
D - Creditors Holding Secured Claims	x	1		20828.26	
E - Creditors Holding Unsecured Priority Claims	x	1		6074.00	
F - Creditors Holding Unsecured Nonpriority Claims	x	13		18,475.82	
G - Executory Contracts and Unexpired Leases	x	1			
H - Codebtors	x	1			
I - Current Income of Individual Debtor(s)	x	1			4274.00
J - Current Expenditures of Individual Debtor(s)	x	1			3314.00
Total Number of Sheets of All Schedules		26			
Total Assets			234525.00		
Total Liabilities				45378.08	



Form B6, S2, (10/06)

BlumbergExcelsior, Inc., Publisher, NYC 10013

**United States Bankruptcy Court**

NORTHERN

**District Of** Illinois

In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Debtor(s) Case No.

Chapter 13

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 6,074.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 2,522.11
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
<b>TOTAL</b>	<b>\$ 8,596.11</b>

**State the following:**

Average Income (from Schedule I Line 16)	\$ 4274.00
Average Expenses (from Schedule J, Line 18)	\$ 3314.00
Current Monthly Income (from Form 22A Line 12; <b>OR</b> Form 22B Line 11; <b>OR</b> , Form 22C Line 20)	\$ 6,902.00

**State the following:**

1. Total from Schedule D, "Unsecured Portion, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY, IF ANY" column	\$ 6,074.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 18,475.82
5. Total from non-priority unsecured debt (sum of 1, 3, and 4)		\$ 18,475.82

**The foregoing information is for statistical purposes only under 28 U.S.C § 159.**



Form B6 A (10/06)

BlumbergExcelsior, Inc., Publisher, NYC 10013

In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Debtor(s) Case No.

(if known)

### SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	H W J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Single family residence located at 21702 Peterson Avenue, Sauk Village, IL 60411 (11/2004 for \$174,990.00)	Fee simple	J	220,000.00	200,104.00
Total ->			\$220,000.00	(Report also on Summary of Schedules)



Form B6 B (10/06)

 Document Page 15 of 59  
 Blumberg Excelsior, Inc., Publisher, NYC 10013

 In re: HARRIS-MUHAMMAD: DEMETRIUIS  
 MUHAMMAD: YOLANDA

Debtor(s) Case No.

(if known)

**SCHEDULE B - PERSONAL PROPERTY**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	W H J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
01 Cash on hand		Cash	J	25.00
02 Checking savings or other financial accounts certificates of deposit or shares in banks savings and loan thrift building and loan and homestead associations or credit unions brokerage houses or cooperatives.		Checking account with Washington Mutual Bank, South Chicago Heights, IL	J	0.00
03 Security Deposits with public utilities telephone companies landlords and others.	x			
04 Household goods and furnishings including audio video and computer equipment.		Furniture	J	2,000.00
05 Books; pictures and other art objects; antiques; stamp coin record tape compact disc and other collections or collectibles.	x			
06 Wearing apparel.		Clothing and shoes	J	2,500.00
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules) Total ->				4,525.00

Continuation sheets attached



In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Debtor(s) Case No.

(if known)

**SCHEDULE B - PERSONAL PROPERTY**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	W H J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
07 Furs and jewelry.		Jewelry		500.00
08 Firearms and sports photographic and other hobby equipment.	x			
09 Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	x			
10 Annuities. Itemize and name each issuer.	x			
11 Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1) Give particulars.(file separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)).	x			
12 Interests in IRA ERISA Keogh or other pension or profit sharing plans. Give particulars.	x			
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules) Total ->				5,025.00

Continuation sheets attached

In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Debtor(s) Case No.

(if known)

**SCHEDULE B - PERSONAL PROPERTY**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	W H J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
13 Stock and interest in incorporated and unincorporated businesses. Itemize.	x			
14 Interest in partnerships or joint ventures. Itemize.	x			
15 Government and corporate bonds and other negotiable and non-negotiable instruments.	x			
16 Accounts receivable.	x			
17 Alimony maintenance support and property settlements to which the debtor is or may be entitled. Give particulars.	x			
18 Other liquidated debts owing debtor including tax refunds. Give particulars.	x			
19 Equitable or future interests life estates and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A of Real Property.	x			
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules) Total ->				5,025.00

Continuation sheets attached



Form B6 B (10/06)

 Document Page 18 of 59  
 BlumbergExcelsior, Inc., Publisher, NYC 10013

 In re: HARRIS-MUHAMMAD: DEMETRIUIS  
 MUHAMMAD: YOLANDA

Debtor(s) Case No.

(if known)

**SCHEDULE B - PERSONAL PROPERTY**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	W H J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
20 Contingent and non-contingent interests in estate of a decedent death benefit plan life insurance policy or trust.	x			
21 Other contingent and unliquidated claims of every nature including tax refunds counterclaims of the debtor and rights to setoff claims. Give estimated value of each.	x			
22 Patents copyrights and other general intellectual property. Give particulars.	x			
23 Licenses franchises and other general intangible. Give particulars.	x			
24 Customer lists or compilations containing personally identifiable information (as defined in 11U.S.C. §101(41A)) provided by individuals connected with obtaining product or service from the debtor primarily for personal family or household purposes.	x			
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules) Total ->				5,025.00

Continuation sheets attached

In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Debtor(s) Case No.

(if known)

**SCHEDULE B - PERSONAL PROPERTY**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	W H J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
25 Automobiles trucks trailers and other vehicles and accessories.		2006 Pontiac Torrent		9,500.00
26 Boats motors and accessories.	x			
27 Aircraft and accessories.	x			
28 Office equipment furnishings and supplies.	x			
29 Machinery fixtures equipment and supplies used in business.	x			
30 Inventory.	x			
31 Animals.	x			
32 Crops-growing or harvested. Give particulars.	x			
33 Farming equipment and implements.	x			
34 Farm supplies chemicals and feed.	x			
35 Other personal property of any kind not already listed. Itemize.	x			
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules) Total ->				14,525.00

Continuation sheets attached



Form B6 C (04/07)

Document Page 20 of 59  
Blumberg Excelsior, Inc., Publisher, NYC 10013In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Debtor(s) Case No.

(if known)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor claims the exemptions to which debtor is entitled under:



Check if debtor claims a homestead exemption that exceeds \$136,875



11 U.S.C. § 522(b)(2)



11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Single family residence located at 21702 Peterson Avenue, Sauk Village, IL 60411 (11/2004 for \$174,990.00)	735 ILCS 5/12-901 Homestead	15,000.00	220,000.00
Cash	735 ILCS 5/12-1001(b) Equity Interest in any Other Property	25.00	25.00
Checking account with Washington Mutual Bank, South Chicago Heights, IL	735 ILCS 5/12-1001(b) Equity Interest in any Other Property	0.00	0.00
Clothing and shoes	735 ILCS 5/12-1001(a) Wearing Apparel Bible School Books and Family Pictures	2,500.00	2,500.00
Jewelry	735 ILCS 5/12-1001(b) Equity Interest in any Other Property	500.00	500.00
Furniture	735 ILCS 5/12-1001(b) Equity Interest in any Other Property	2,000.00	2,000.00
2006 Pontiac Torrent	735 ILCS 5/12-1001(c) Motor Vehicle	2,400.00	9,500.00



Form B6 D (10/06)

Document Page 21 of 59  
Bloomberg, Inc., Publisher, NYC 10013In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Debtor(s) Case No.

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	CO D E B T	H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT OF LIEN	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY	C U D *
A/C # 0010783801  CPS Servicing Center P O Box 98732 Phoenix, AZ 85038-0732 (866) 325-4568		J	VALUE \$ 9,500.00 Auto Loan on 2006 Pontiac Torrent (PMSI)	20,828.26		U
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
			Subtotal -> (Total of this page)	20,828.26	0.00	
			Total ->	20,828.26	0.00	

Continuation Sheets attached. (use only on last page of the completed Schedule D.)

(Report total also on  
Summary of Schedules)(If applicable,  
Report also on  
Statistical Summary  
of Certain  
Liabilities and  
Related Data.)

\*If contingent, enter C; if unliquidated, enter U; if disputed, enter D.

In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Debtor(s) Case No.

(if known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.**TYPE OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Extensions of credit in an involuntary case**  
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).
- ☐ **Wages, salaries, and commissions**  
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees, up to a maximum of \$10,950 per employee, earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**  
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Certain farmers and fishermen**  
Claims of certain farmers and fishermen, up to a maximum of \$5400 per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**  
Claims of individuals up to a maximum of \$2425 for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☐ **Alimony, Maintenance, or Support**  
Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in U.S.C. § 507(a)(7).
- ☒ **Taxes and Certain Other Debts Owed to Governmental Units**  
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(7).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**  
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(8).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**  
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance 11 U.S.C. § 507(a)(10).

\*Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NO. (See Instructions)	C O D E B T	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY		C U D *
					AMT NOT ENTITLED TO PRIORITY, IF ANY		
A/C# 326-64-4740 4		H	Overpayment of unemployment	6,074.00	6,074.00		U
I.D.E.S Benefit Payments P O Box 19286 Springfield, IL 62794-9286 (800) 245-9762				0.00			
				Total ->			
				Total ->			
Continuation Sheets attached.			Subtotal -> (Total of this page)	6,074.00	6,074.00		
(Use only on last page of the completed Schedule E. (Report total also on Summary of Schedules.)			Total ->		0.00		
			Total ->	6,074.00	6,074.00		
(Use only on last page of the completed Schedule E.)			Total ->		0.00		





Form B6 F (10/06)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	COD E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
WC067835 ACL, Inc. C/O Collection Services P O Box 27901 West Allis, WI 53227 (888) 719-3569		W	Account in collection U		12.96
Demetrius Muhamma Account Recovery Service 3031 N. 114th Street Milwaukee, WI 53222 (888) 385-3805		H	Medical account in collection U		34.00
Demetrius Muhamma Account Recovery Service 3031 N. 114th Street Milwaukee, WI 53222 (888) 385-3805		H	Medical account in collection U		55.00
Demetrius Muhamma Account Recovery Service 3031 N. 114th Street Milwaukee, WI 53222 (888) 385-3805		H	Medical account in collection U		62.00
Demetrius Muhamma Account Recovery Service 3031 N. 114th Street Milwaukee, WI 53222 (888) 385-3805		H	Medical account in collection U		51.00
xxxxxxx1102 Account Recovery Service 3031 N. 114th Street Milwaukee, WI 53222 (888) 385-3805		W	Medical account in collection U		164.00
X continuation sheets attached.					
Subtotal					\$ 378.96
Total					\$ 378.96

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)



Form B6 F (10/06)

BlumbergExcelsior, Inc., Publisher, NYC 10013

In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	CO D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
18-28714965 Associated St. James Radi C/O Creditors Collection P O Box 63 Kankakee, IL 60901-0063 (888) 400-6028		H	Medical account in collection. Notice only. U		0.00
18-8030781 Associated St. James Radi P O Box 3597 Springfield, IL 62708-359 (877) 621-7038		H	Medical account U		99.00
18-8565252 Associated St. James Radi P O Box 3597 Springfield, IL 62708-359 (877) 621-7038		H	Medical account U		10.00
18-28714965 Associated St. James Radi P O Box 3597 Springfield, IL 62708-359 (877) 621-7038		H	Medical account in collection. U		37.00
8810528004 Charter One Bank, N.A. 1215 Superior Avenue Cleveland, OH 44114 (800) 914-4723		J	Checking account in collection U		949.81
8810528004 Charter One Bank, N.A. C/O Island National Group 6851 Jericho Turnpike, St Syosset, NY 11791 (800) 754-0511		J	Checking account in collection. Notice only. U		0.00
				Subtotal	\$ 1,095.81
				Total	\$ 1,474.77

X continuation sheets attached.

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)



Form B6 F (10/06)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	COD DE BT OR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
8810528004 Charter One Bank, N.A. C/O RJM Acquisitions LLC 575 Underhill Blvd., Ste Syosset, NY 11791 (800) 541-0824		J	Account in collection. Notice only.	U	0.00
Notice 5045321350 Chicago Dept. of Revenue Linebarger Goggan Blair S P O Box 06152 Chicago, IL 60606-0152 (866) 391-3975		W	Violations in collection. Notice only. Tag# 5370431	U	0.00
7000523998 City of Chicago Dept of R Remittance Center P O Box 4641 Chicago, IL 60680-4641		H	Citation (08/10/06)	U	180.00
7000601234 City of Chicago Dept of R Remittance Center P O Box 4641 Chicago, IL 60680-4641		H	Citation (11/06/06)	U	180.00
9055802034 City of Chicago Dept of R Remittance Center P O Box 4641 Chicago, IL 60680-4641		H	Citation (07/26/05)	U	217.91
0048238994 City of Chicago Dept of R Remittance Center P O Box 4641 Chicago, IL 60680-4641		H	Citation (07/26/05)	U	100.00

X continuation sheets attached.

Subtotal \$ 677.91

Total \$ 2,152.68

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and,  
if applicable, on the Statistical Summary of Certain  
Liabilities and Related Data.)



Form B6 F (10/06)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	COD EBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
0048239595 City of Chicago Dept of R Remittance Center P O Box 4641 Chicago, IL 60680-4641		H	Citation (08/16/05) U		100.00
0048239595 City of Chicago Dept of R Remittance Center P O Box 4641 Chicago, IL 60680-4641		H	Citation (08/16/05) U		100.00
0048735426 City of Chicago Dept of R Remittance Center P O Box 4641 Chicago, IL 60680-4641		H	Citation (08/16/05) U		100.00
0048730950 City of Chicago Dept of R Remittance Center P O Box 4641 Chicago, IL 60680-4641		H	Citation (08/16/05) U		100.00
0048474376 City of Chicago Dept of R Remittance Center P O Box 4641 Chicago, IL 60680-4641		H	Citation (09/28/05) U		240.00
0048998093 City of Chicago Dept of R Remittance Center P O Box 4641 Chicago, IL 60680-4641		H	Citation (10/18/05) U		100.00
<p>X continuation sheets attached.</p> <p style="text-align: right;">Subtotal \$ 740.00</p> <p style="text-align: right;">Total \$ 2,892.68</p>					

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)



Form B6 F (10/06)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	COD E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
0049705686 City of Chicago Dept of R Remittance Center P O Box 4641 Chicago, IL 60680-4641		H	Citation (05/10/06) U		240.00
0049705689 City of Chicago Dept of R Remittance Center P O Box 4641 Chicago, IL 60680-4641		H	Citation (05/16/06) U		240.00
0049705696 City of Chicago Dept of R Remittance Center P O Box 4641 Chicago, IL 60680-4641		H	Citation (05/25/06) U		240.00
9055862132 City of Chicago Dept of R Remittance Center P O Box 4641 Chicago, IL 60680-4641		W	Citation (06/07/06) U		240.00
01-040000-8798401 Comcast Cable C/O Credit Protection Ass 13355 Noel Road Dallas, TX 75240 (877) 332-2432		H	Account in collection. Notice only. A/C# 01-040000-8798401630171899 U		0.00
01-040000-8798401 Comcast Cable P O Box 3002 Southeastern, PA 19398 (866) 594-1234		H	Account in collection A/C# 01-040000-8798401630171899 U		1,004.97
X continuation sheets attached.					
Subtotal					\$ 1,964.97
Total					\$ 4,857.65

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)



Form B6 F (10/06)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	CO D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
Demetrius Muhamm Creditors Collection Bure P O Box 1259, Dept. 3256 Oaks, PA 19456 (888) 400-6028		H	Medical account in collection U		428.00
Demetrius Muhamm Creditors Collection Bure P O Box 1259, Dept. 3256 Oaks, PA 19456 (888) 400-6028		H	Medical account in collection U		215.00
xxxxxxx1391 Dependon Collection Servi 120 W. 22nd Street, Suite Oak Brook, IL 60523 (708) 209-1301		W	Medical account in collection U		95.00
0001031501 ECHO, Ltd. C/O Creditors Collection P O Box 63 Kankakee, IL 60901-0063 (888) 400-6028		H	Account in collection U		221.00
ecc 1031501 Emerg Care & Health Org. 555 W. Court Street, #410 Kankakee, IL 60901 (888) 828-3192		H	Medical account U		221.00
ecc 1026971 Emerg Care & Health Org. 555 W. Court Street, #410 Kankakee, IL 60901 (888) 828-3192		H	Medical account U		88.00
				Subtotal	\$ 1,268.00
				Total	\$ 6,125.65

X continuation sheets attached.

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)



Form B6 F (10/06)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	COD DE BT OR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
ecc 1027001 Emerg Care & Health Org. 555 W. Court Street, #410 Kankakee, IL 60901 (888) 828-3192		W	Medical account U		25.69
ecc 1016484 Emerg Care & Health Org. 555 W. Court Street, #410 Kankakee, IL 60901 (888) 828-3192		H	Medical account U		249.00
ecc 1039043 Emerg Care & Health Org. 555 W. Court Street, #410 Kankakee, IL 60901 (888) 828-3192		W	Medical account U		221.00
342400 Family Dental Care of Cal 313 E. River Oaks Drive Calumet City, IL 60409 (708) 862-2328		H	Medical account U		22.00
xxxxxxxxxxxxxx3400 First Premier Bank P O Box 5524 Sioux Falls, SD 57117 (888) 604-9424		J	Accouont incollection U		121.00
8440 Hassan Alzein M.D. 2850 W. 95th Street, Suit Evergreen Park, IL 60805 (708) 424-7600		J	Medical account U		459.08
Subtotal					\$ 1,097.77
Total					\$ 7,223.42

X continuation sheets attached.

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)





Form B6 F (10/06)

BlumbergExcelsior, Inc., Publisher, NYC 10013

In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	CO D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
Demetrius Muhamma I C Systems, Inc. P O Box 64886 St. Paul, MN 55164-0886 (651) 481-6333/800-988-41		H	Medical account U		1,189.00
419656 1 LA Weight Loss Centers - C/O Burns & Kasmien, P.C. P O Box 974 Jenkintown, PA 19046 (888) 277-4408		W	Account in collection. Notice only U		0.00
Gautam Gupta, M.D LA Weight Loss Centers - Member Solutions P O Box 705 Jenkintown, PA 19046 (888) 851-1241		W	Account in collection U		520.00
Demetrius Muhamm Mutual Hospital Services P O Box 663519 Indianapolis, IN 46266-35 (888) 484-2058		H	Medical account in collection U		127.00
Demetrius Muhammm Mutual Hospital Services P O Box 663519 Indianapolis, IN 46266-35 (888) 484-2058		W	Medical account in collection U		276.00
Demetrius Muhammm Mutual Hospital Services P O Box 663519 Indianapolis, IN 46266-35 (888) 484-2058		H	Medical account in collection U		118.00
X continuation sheets attached.					
Subtotal					\$ 2,230.00
Total					\$ 9,453.42

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and,  
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Liabilities and Related Data.)



Form B6 F (10/06)

BlumbergExcelsior, Inc., Publisher, NYC 10013

In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	COD EBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
Demetrius Muhamm Mutual Hospital Services P O Box 663519 Indianapolis, IN 46266-35 (888) 484-2058		H	Medical account in collection U		86.00
Demetrius Muhamm NCO - Medclear 507 Prudential Road Horsham, PA 19044 (866) 846-5106		H	Medical account in collection U		238.00
Demetrius Muhamm NCO - Medclear 507 Prudential Road Horsham, PA 19044 (866) 846-5106		H	Medical account in collection U		238.00
Demetrius Muhamm NCO - Medclear 507 Prudential Road Horsham, PA 19044 (866) 846-5106		H	Medical account in collection U		444.00
xxxxxxx1102 NCO - Medclear 507 Prudential Road Horsham, PA 19044 (866) 846-5106		W	Medical account in collection U		354.00
38-51-48-3635 2 Nicor Gas P O Box 416 Aurora, IL 60568 (888) 642-6748		J	Gas bill for 21702 Peterson Ave., Sauk Village, IL U		1,517.54
X continuation sheets attached.					
Subtotal					\$ 2,877.54
Total					\$ 12,330.96

(Use only on last page of the completed Schedule F.)  
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Form B6 F (10/06)

BlumbergExcelsior, Inc., Publisher, NYC 10013

In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	CO D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
Yolanda Muhammad Nutrition Clinic C/O Gautam Gupta, M.D. 6090 Strathmoor Dr., Suit Rockford, IL 61107 (815) 229-1899		W	Medical account U		165.00
795853-2904478 QV, Inc. C/O Trustmark Recovery Se 541 Otis Bowen Drive Munster, IN 46321 (877) 922-5201		H	Medical account in collection U		645.00
0537998150 Sprint PCS C/O AFNI, Inc. P O Box 20939 Ferndale, MI 48220 (888) 309-2416/ (888) 216		H	Account in collection. Notice only. U		0.00
0537998150 Sprint PCS Customer Service P O Box 15955 Shawnee Mission, KS 66285 (877) 670-1263		H	Account in collection U		218.52
0022868669 St. James Hospital & Heal C/O Accounts Recovery Bur P O Box 6768 Wyomissing, PA 19610-0768 (888) 310-3042		H	Medical account in collection. Notice only. U		55.86
0022868669 St. James Hospital & Heal 37653 Eagle Way Chicago, IL 60678-1376 (888) 714-7625		H	Medical account in collection. U		55.86
X continuation sheets attached.					
Subtotal					\$ 1,140.24
Total					\$ 13,471.20

(Use only on last page of the completed Schedule F.)  
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Form B6 F (10/06)

BlumbergExcelsior, Inc., Publisher, NYC 10013

In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	CO D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
0022868678 St. James Hospital & Heal 37653 Eagle Way Chicago, IL 60678-1376 (888) 714-7625		H	Medical account in collection. U		51.11
0507022002 St. James Hospital & Heal 37653 Eagle Way Chicago, IL 60678-1376 (888) 714-7625		H	Medical account in collection. U		34.23
0507022003 St. James Hospital & Heal 37653 Eagle Way Chicago, IL 60678-1376 (888) 714-7625		H	Medical account in collection U		62.02
0022808276 St. James Hospital & Heal 37653 Eagle Way Chicago, IL 60678-1376 (888) 714-7625		H	Medical account U		512.42
0022777956 St. James Hospital & Heal 37653 Eagle Way Chicago, IL 60678-1376 (888) 714-7625		H	Medical account U		981.62
0022701049 St. James Hospital & Heal 37653 Eagle Way Chicago, IL 60678-1376 (888) 714-7625		H	Medical account in collection. U		127.60
				Subtotal	\$ 1,769.00
				Total	\$ 15,240.20

X continuation sheets attached.

(Use only on last page of the completed Schedule F.)  
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Form B6 F (10/06)

BlumbergExcelsior, Inc., Publisher, NYC 10013

In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	CO D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
0507022005 St. James Hospital & Heal 37653 Eagle Way Chicago, IL 60678-1376 (888) 714-7625		W	Medical account in collection U		164.89
0507048494 St. James Hospital & Heal 37653 Eagle Way Chicago, IL 60678-1376 (888) 714-7625		W	Medical account U		33.18
0022492862 St. James Hospital & Heal 37653 Eagle Way Chicago, IL 60678-1376 (888) 714-7625		H	Medical account U		276.00
0022868678 St. James Hospital & Heal C/O Accounts Recovery Bur P O Box 6768 Wyomissing, PA 19610-0768 (888) 310-3042		H	Medical account in collection. Notice only. U		0.00
0507022002 St. James Hospital & Heal C/O Accounts Recovery Bur P O Box 6768 Wyomissing, PA 19610-0768 (888) 310-3042		H	Medical account in collection. Notice only. U		0.00
0507022003 St. James Hospital & Heal C/O Accounts Recovery Bur P O Box 6768 Wyomissing, PA 19610-0768 (888) 310-3042		H	Medical account in collection. Notice only. U		0.00
<div> <div>X</div> <div>continuation sheets attached.</div> </div>					
Subtotal					\$ 474.07
Total					\$ 15,714.27

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)



Form B6 F (10/06)

BlumbergExcelsior, Inc., Publisher, NYC 10013

In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

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CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	COD EBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
0507022005 St. James Hospital & Heal C/O Accounts Recovery Bur P O Box 6768 Wyomissing, PA 19610-0768 (888) 310-3042		W	Medical account in collection. Notice only. U		0.00
0022701049 St. James Hospital & Heal C/O Mutual Hospital Servi P O Box 663519 Indianapolis, IN 46266-35 (888) 484-2058		H	Medical account in collection. Notice only. U		0.00
G51926 US Dept. Education C/O Van Ru Credit Corp. P O Box 1027 Skokie, IL 60076-1027 (888) 593-5183/888-337-83		W	Student loan in collection. Notice only. U		0.00
G51926 US Dept. Of Education National Payment Center P O Box 4169 Greenville, TX 75403-4169		W	Student loan in collection U		2,522.11
181985 BC WellGroup Healthpartners 333 Dixie Highway Chicago Heights, IL 60411 (708) 709-6200		H	Medical account U		239.44
				Subtotal	\$ 2,761.55
				Total	\$ 18,475.82

continuation sheets attached.

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)



Form B6 G (10/06)

BlumbergExcelsior, Inc., Publisher, NYC 10013

In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Debtor(s) Case No.

(if known)

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY, STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.





Form B6 H (10/06)

BlumbergExcelsior, Inc., Publisher, NYC 10013

In re: HARRIS-MUHAMMAD: DEMETRIUIS

Debtor(s) Case No.

(if known)

**SCHEDULE H - CODEBTORS**☒ Check this box if debtor has no codebtors

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR



In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Debtor(s) Case No.

(if known)

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

DEPENDENTS OF DEBTOR AND SPOUSE		
Debtor's Marital Status Married	RELATIONSHIP son son	AGE 7 4
<b>Employment</b>	<b>DEBTOR</b>	<b>SPOUSE</b>
Occupation Cement Mason Name of Employer Adjustable Forms, Inc.	Unemployed N/A	
How long employed 8 years	N/A	
Address of Employer 1 E. Progress Road Lombard, IL	N/A	

INCOME: (Estimate of average monthly income at time case filed)

DEBTOR

SPOUSE

1. Current monthly gross wages, salary, and commissions (pro rate if not paid monthly.)	6902.00	
2. Estimate monthly overtime		
3. SUBTOTAL	6902.00	0.00
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	1481.00	
b. Insurance		
c. Union dues	281.00	
d. Other (Specify)		
Income withheld by employer for seasonal lay offs in the year. (Given back to debtor for pay during lay offs)	866.00	
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 2628.00	\$ 0.00
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ 4274.00	\$ 0.00
7. Regular income from operation of business or profession or farm (attach detailed statement)		
8. Income from real property		
9. Interest and dividends		
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.		
11. Social security or other government assistance (Specify)		
12. Pension or retirement income		
13. Other monthly income (Specify)		

14. SUBTOTAL OF LINES 7 THROUGH 13		
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ 4274.00	\$ 0.00
16. COMBINED AVERAGE MONTHLY INCOME (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	\$ 4274.00	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:  
The debtor's pay fluctuates each month dependent on the different job sites and seasonal work.



Form B6 J (10/06)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Debtor(s) Case No.

(if known)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse".

1. Rent or home mortgage payment (include lot rented for mobile home) \$ 1455.00  
     a. Are real estate taxes included? ☒ Yes ☐ No      b. Is property insurance included? ☒ Yes ☐ No
2. Utilities Electricity and Heating Fuel 350.00  
     b. Water and Sewer 60.00  
     c. Telephone 75.00  
     d. Other  
         Internet Service 35.00  
         Cable 90.00  
         Personal hygiene products 50.00
3. Home maintenance (repairs and upkeep) 30.00  
 4. Food 500.00  
 5. Clothing 100.00  
 6. Laundry and dry cleaning 65.00  
 7. Medical and dental expenses 50.00  
 8. Transportation (not including car payments) 250.00  
 9. Recreation, clubs and entertainment, newspapers, magazines, etc.  
 10. Charitable contributions  
 11. Insurance (not deducted from wages or included in home mortgage payments)  
     a. Homeowner's or renter's  
     b. Life  
     c. Health  
     d. Auto 104.00  
     e. Other  
         Barber 40.00  
         Hairdresser 60.00
12. Taxes (not deducted from wages or included in home mortgage payments)  
 (Specify)
13. Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan)  
     a. Auto  
     b. Other  
     c. Other
14. Alimony, maintenance, and support paid to others  
 15. Payments for support of additional dependents not living at your home  
 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  
 17. Other

18. TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

\$	3314.00
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19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

No anticipated increase or decrease in income expected to occur within the year following the filing of this document.

**20. STATEMENT OF MONTHLY NET INCOME**

- a. Average monthly income from line 15 of Schedule I 4274.00  
 b. Average monthly expenses from Line 18 above 3314.00  
 c. Monthly net income (a. minus b.) 960.00



Form B6 Cont. (10-06)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Debtor(s) Case No.

(if known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 27 sheets, and that they are true and correct to the best of my knowledge, information, and belief. (Total shown on summary page plus 2.)

Date 11/21/07

Signature /S/ Demetrius Harris-Muhammad

HARRIS-MUHAMMAD: DEMETRIUIS Debtor

Date 11/21/07

Signature /S/ Yolanda Muhammad

MUHAMMAD: YOLANDA

(Joint Debtor, if any)

(If joint case, both spouses must sign.)

### DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See U.S.C. §110.)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. §110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§110(b), 110(h), and 342(b); and (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. §110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Print or Type Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. §110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.*

Address:

X

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security Numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person*

**A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.**

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the \_\_\_\_\_ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 27 sheets, and that they are true and correct to the best of my knowledge, information, and belief. (Total shown on summary page plus 1.)

Date \_\_\_\_\_

Signature \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor.)

(An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.)

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.



Form 7 Stmt of Financial Affairs (04/07) **Blumberg**Excelstor, Inc., Publisher, NYC 10013

**STATEMENT OF FINANCIAL AFFAIRS**  
**UNITED STATES BANKRUPTCY COURT**  
 NORTHERN DISTRICT OF Illinois

In re: HARRIS-MUHAMMAD: DEMETR  
 MUHAMMAD: YOLANDA

Debtor(s) Case No.

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business with in the last 6 years, as defined below, also must complete Questions 19-25. If the answer to any question is "None" or the question is not applicable, mark the box labeled "None". If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

**DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the two years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or person in control of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any person in control of a corporate debtor and their relatives; affiliates or the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101(30).

NONE

**01 INCOME FROM EMPLOYMENT OR OPERATION OF BUSINESS**

State the gross amount of income the debtor has received from employment trade or profession or from operation of the debtor's business including part-time activities either as an employee or in independent trade or business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains or has maintained financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCES
76341.00	2006 income for husband
0.00	2006 income for wife
69059.00	2005 income for husband
0.00	2005 income for wife
77417.03	Year to date income for husband
0.00	Year to date income for wife

NONE  
|X|

State the amount of income received by the debtor other than from employment trade profession operation of the debtor's business during the two years immediately preceeding the commencement of this case. Give particulars. If a joint petition is filed state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE  
|X|

### 03A PAYMENTS TO CREDITORS

List all payments on loans installment purchases of goods or services and other debts to any creditor made within 90 days immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE  
|X|

### 03B PAYMENTS TO CREDITORS

List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5475. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE  
|X|

### 03C PAYMENTS TO CREDITORS

List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT	NATURE OF PROCEEDING	COURT & LOCATION	STATUS OR DISPOSITION
Countrywide Home Loans, Inc. v. Demetrius Harris-Muhammad, Yolanda Harris Mohammad Case# 2007 CH 17116	Mortgage Foreclosure Summons	In The Circuit Court Of Cook County, Illinois County Department - Chancery Division	Pending

☒ NONE 04B SUITS AND ADMINISTRATIVE PROCEEDINGS EXECUTION GARNISHMENTS AND ATTACHMENTS

Describe all property that has been attached garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

☒ NONE 05 REPOSSESSIONS FORECLOSURES AND RETURNS

List all property that has been repossessed by a creditor sold at a foreclosure sale transferred through a deed in lieu of foreclosure or returned to the seller within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

☒ NONE 06A ASSIGNMENTS AND RECEIVERSHIPS

Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE  
IX I

List all property which has been in the hands of a custodian receiver or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed unless spouses are separated and a joint petition is not filed.)

NONE  
IX I

#### 07 GIFTS

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE  
IX I

#### 08 LOSSES

List all losses from fire theft other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE  
IX I

#### 09 PAYMENTS RELATED TO DEBT COUNSELING OR BANKRUPTCY

List all payments made or property transferred by or on behalf of the debtor to any persons including attorneys for consultation concerning debt consolidation relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Carl B. Boyd 11528 S. Halsted Chicago, IL 60628	11/19/07	\$526.00



List all other property other than property transferred in the ordinary course of the business or financial affairs of the debtor transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE  
X**10B OTHER TRANSFERS**

List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NONE  
X**11 CLOSED FINANCIAL ACCOUNTS**

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed sold or otherwise transferred within one year immediately preceding the commencement of this case. Include checking savings or other financial accounts certificates of deposit or other instruments; shares and share accounts held in banks credit unions pension funds cooperatives associations brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE  
X**12 SAFE DEPOSIT BOX**

List each safe deposit or other box or depository in which the debtor has or had securities, cash or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE  
X**13 SETOFFS**

List all setoffs made by any creditor including a bank against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE  
X

List all property owned by another person that the debtor holds or controls.

NONE  
X

#### 15 PRIOR ADDRESS OF DEBTOR

If debtor has moved within three years immediately preceding the commencement of this case list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed report also any separate address of either spouse.

NONE  
X

#### 16 SPOUSES AND FORMER SPOUSES

If the debtor resides or resided in a community property state commonwealth or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NONE  
X

#### 17A ENVIRONMENTAL INFORMATION

List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice and if known the Environmental Law:

NONE  
X

#### 17B ENVIRONMENTAL INFORMATION

List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

List all judicial or administrative proceedings including settlements or orders under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding and the docket number.

NONE

X

**18A NATURE LOCATION AND NAME OF BUSINESS**

If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses and beginning and ending dates of all businesses in which the debtor was an officer, director, partner or managing executive of a corporation, partner in a partnership, sole proprietor or was self-employed in a trade, profession or other activity either full-or part-time within six years immediately preceding the commencement of this case or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case. List the names addresses taxpayer identification numbers nature of the businesses and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case. List the names addresses taxpayer identification numbers nature of the businesses and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all business in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

NONE  
X**18B NATURE LOCATION AND NAME OF BUSINESS**

Identify any business listed in response to subdivision a. ,above, that is "single asset real estate" as defined in 11 U.S.C. Sec. 101.



Unsworn Declaration SFA (10/06) Blumberg's Law Products, Inc., Publisher, NYC 10013

In re: HARRIS-MUHAMMAD: DEMET  
MUHAMMAD: YOLANDA

Debtor(s) Case No. (if known)

## DECLARATION CONCERNING DEBTOR'S STATEMENT OF FINANCIAL AFFAIRS

### DECLARATION UNDER PENALTY OF PERJURY

(If completed by an individual or individual and spouse) I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 11/21/07

Signature /S/ Demetrius Harris-Muhammad  
HARRIS-MUHAMMAD: DEMETRIUS

Date 11/21/07

Signature /S/ Yolanda Muhammad  
MUHAMMAD: YOLANDA  
(if joint case, both spouses must sign.)

### CERTIFICATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. §110)

Printed or Typed Name of Bankruptcy Petition Preparer

Social Security Number  
(Required by U.S.C. §110(c)).

Address

Names and Social Security Numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional signed sheets confirming to the appropriate Official Form for each person.

X

Signature of Bankruptcy Petition Preparer

Date

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both.*

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing statement of financial affairs, consisting of \_\_\_\_\_ sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Continuation sheets attached

Date 11/23/2007

Signature \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor.)

(An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.)

PENALTY FOR MAKING A FALSE STATEMENT OR CONCEALING PROPERTY  
Fine of up to \$500,000 or imprisonment for up to 5 years or both, 18 U.S.C. §152 and 3571.



3093W - Designation of Agent

BlumbergExcelsior, Inc., Publisher, NYC 10013

UNITED STATES BANKRUPTCY COURT

NORTHERN DISTRICT OF Illinois

In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Case No.  
Debtor(s)  
Chapter 13

DESIGNATION OF AGENT

We hereby designate our attorney, whose signature, name, address, Identification Number (if applicable), and telephone number are set forth below, as our agent to receive service of process and service of all pleadings in all proceedings, including adversary actions and contested matters, pursuant to Bankruptcy Rule 70004 (b)(8), in this Court arising in this case. This designation shall expire the 60th day after the latest of the following dates which may be applicable in this case: entry of Discharge of Debtor, the last date permitted for filing of complaints objecting to discharge under 11 U.S.C. 727 or dischargeability of debts under 11 U.S.C. 523, or the date an order of confirmation of a Chapter 11 or Chapter 12 plan is entered.

Dated: 11/21/07

Debtor /S/ Demetrius Harris-Muhammad  
HARRIS-MUHAMMAD: DEMETRIUIS

Debtor /S/ Yolanda Muhammad  
MUHAMMAD: YOLANDA

Attorney /S/ Carl B. Boyd  
Carl B. Boyd 6206607



3092 - Verification of Creditor Matrix, 12/95 Blumberg Excelsior, Inc., Publisher, NYC 10013

**UNITED STATES BANKRUPTCY COURT**

NORTHERN **DISTRICT OF** Illinois

In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Case No.  
Debtor(s)  
Chapter 13

**VERIFICATION OF CREDITOR MATRIX**

The above-named debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Dated: 11/21/07

Debtor /S/ Demetrius Harris-Muhammad  
HARRIS-MUHAMMAD: DEMETRIUIS

Debtor /S/ Yolanda Muhammad  
MUHAMMAD: YOLANDA



3087 Equity security holders list,  
chapter 11, 12-95, W

**UNITED STATES BANKRUPTCY COURT NORTHERN**

**DISTRICT OF Illinois**

In re: HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

Debtor(s) Case No. (if known)

**LIST OF EQUITY SECURITY HOLDERS**

REGISTERED NAME OF HOLDER OF SECURITY LAST KNOWN ADDRESS OF PLACE OF BUSINESS	CLASS OF SECURITY	NUMBER REGISTERED	KIND OF INTEREST REGISTERED
Countrywide Home Loans, Inc. P O Box 650070 Dallas, TX 75265-0070	Secured Claim	A/C# 2007 CH 17116	SFR @ 21702 Peterson Avenue, Sauk Village, IL 60411
CPS Servicing Center P O Box 98732 Phoenix, AZ 85038-0732	Secured Claim	A/C# 001078380 1	2006 Pontiac Torrent



Form B4W (10/05)

BlumbergExcelsior, Inc., Publisher, NYC 10013

**UNITED STATES BANKRUPTCY COURT**

**NORTHE DISTRICT OF Illinois**

HARRIS-MUHAMMAD: DEMETRIUIS

Debtor(s) Case No.

MUHAMMAD: YOLANDA

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P.1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. §101(30) or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims.

(1) NAME OF CREDITOR AND COMPLETE MAILING ADDRESS INCLUDING ZIP CODE	(2) NAME, TELEPHONE NUMBER AND COMPLETE MAILING ADDRESS, INCLUDING ZIP CODE OF EMPLOYEE, AGENT, OR DEPARTMENT OF CREDITOR FAMILIAR WITH CLAIM.	(3) NATURE OF CLAIM (trade debt, bank loan, government contract, etc)	(4) C U S D	(5) AMOUNT OF CLAIM (If secured also state value of security)
I.D.E.S Benefit Payments P O Box 19286 Springfield, IL 62794-9286 (800) 245-9762			U	6,074.00
US Dept. Of Education National Payment Center P O Box 4169 Greenville, TX 75403-4169			U	2,522.11
Nicor Gas P O Box 416 Aurora, IL 60568 (888) 642-6748			U	1,517.54
I C Systems, Inc. P O Box 64886 St. Paul, MN 55164-0886 (651) 481-6333/800-988-4145			U	1,189.00
Comcast Cable P O Box 3002 Southeastern, PA 19398 (866) 594-1234			U	1,004.97
St. James Hospital & Health 37653 Eagle Way Chicago, IL 60678-1376 (888) 714-7625			U	981.62
Charter One Bank, N.A. 1215 Superior Avenue Cleveland, OH 44114 (800) 914-4723			U	949.81
QV, Inc. C/O Trustmark Recovery Servi 541 Otis Bowen Drive Munster, IN 46321 (877) 922-5201			U	645.00
St. James Hospital & Health 37653 Eagle Way Chicago, IL 60678-1376 (888) 714-7625			U	512.42
Hassan Alzein M.D. 2850 W. 95th Street, Suite 4 Evergreen Park, IL 60805 (708) 424-7600			U	459.08

"(4) C U D S" If contingent, enter C; if unliquidated, enter U; if disputed, enter D; if subject to setoff, enter S.

\* Value of secured portion of claim





Form B4W (10/05)

BlumbergExcelsior, Inc., Publisher, NYC 10013

**UNITED STATES BANKRUPTCY COURT**  
HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

NORTHE **DISTRICT OF** Illinois  
Debtor(s) Case No.

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P.1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. §101(30) or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims.

(1) NAME OF CREDITOR AND COMPLETE MAILING ADDRESS INCLUDING ZIP CODE	(2) NAME, TELEPHONE NUMBER AND COMPLETE MAILING ADDRESS, INCLUDING ZIP CODE OF EMPLOYEE, AGENT, OR DEPARTMENT OF CREDITOR FAMILIAR WITH CLAIM.	(3) NATURE OF CLAIM (trade debt, bank loan, government contract, etc)	(4) C U S D	(5) AMOUNT OF CLAIM (If secured also state value of security)
NCO - Medclear 507 Prudential Road Horsham, PA 19044 (866) 846-5106			U	444.00
Creditors Collection Bureau P O Box 1259, Dept. 3256 Oaks, PA 19456 (888) 400-6028			U	428.00
St. James Hospital & Health 37653 Eagle Way Chicago, IL 60678-1376 (888) 714-7625			U	276.00
Mutual Hospital Services P O Box 663519 Indianapolis, IN 46266-3519 (888) 484-2058			U	276.00
Emerg Care & Health Org. Ltd 555 W. Court Street, #410 Kankakee, IL 60901 (888) 828-3192			U	249.00
City of Chicago Dept of Reve Remittance Center P O Box 4641 Chicago, IL 60680-4641			U	240.00
City of Chicago Dept of Reve Remittance Center P O Box 4641 Chicago, IL 60680-4641			U	240.00
City of Chicago Dept of Reve Remittance Center P O Box 4641 Chicago, IL 60680-4641			U	240.00
City of Chicago Dept of Reve Remittance Center P O Box 4641 Chicago, IL 60680-4641			U	240.00
City of Chicago Dept of Reve Remittance Center P O Box 4641 Chicago, IL 60680-4641			U	240.00

"(4) C U D S" If contingent, enter C; if unliquidated, enter U; if disputed, enter D; if subject to setoff, enter S.

\* Value of secured portion of claim



Form B4W (10/05)

BlumbergExcelsior, Inc., Publisher, NYC 10013

**UNITED STATES BANKRUPTCY COURT**

NORTHE **DISTRICT OF** Illinois

HARRIS-MUHAMMAD: DEMETRIUIS

Debtor(s) Case No.

MUHAMMAD: YOLANDA

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P.1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. §101(30) or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims.

(1) NAME OF CREDITOR AND COMPLETE MAILING ADDRESS INCLUDING ZIP CODE	(2) NAME, TELEPHONE NUMBER AND COMPLETE MAILING ADDRESS, INCLUDING ZIP CODE OF EMPLOYEE, AGENT, OR DEPARTMENT OF CREDITOR FAMILIAR WITH CLAIM.	(3) NATURE OF CLAIM (trade debt, bank loan, government contract, etc)	(4) C U S D	(5) AMOUNT OF CLAIM (If secured also state value of security)
WellGroup Healthpartners 333 Dixie Highway Chicago Heights, IL 60411 (708) 709-6200			U	239.44
NCO - Medclear 507 Prudential Road Horsham, PA 19044 (866) 846-5106			U	238.00
NCO - Medclear 507 Prudential Road Horsham, PA 19044 (866) 846-5106			U	238.00
Emerg Care & Health Org. Ltd 555 W. Court Street, #410 Kankakee, IL 60901 (888) 828-3192			U	221.00
Emerg Care & Health Org. Ltd 555 W. Court Street, #410 Kankakee, IL 60901 (888) 828-3192			U	221.00
ECHO, Ltd. C/O Creditors Collection Bur P O Box 63 Kankakee, IL 60901-0063 (888) 400-6028			U	221.00
Sprint PCS Customer Service P O Box 15955 Shawnee Mission, KS 66285-59 (877) 670-1263			U	218.52
City of Chicago Dept of Reve Remittance Center P O Box 4641 Chicago, IL 60680-4641			U	217.91
Creditors Collection Bureau P O Box 1259, Dept. 3256 Oaks, PA 19456 (888) 400-6028			U	215.00
City of Chicago Dept of Reve Remittance Center P O Box 4641 Chicago, IL 60680-4641			U	180.00

"(4) C U D S" If contingent, enter C; if unliquidated, enter U; if disputed, enter D; if subject to setoff, enter S.

\* Value of secured portion of claim



Form B4W (10/05)

BlumbergExcelisior, Inc., Publisher, NYC 10013

**UNITED STATES BANKRUPTCY COURT**  
HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

NORTHE **DISTRICT OF** Illinois  
Debtor(s) Case No.

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P.1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. §101(30) or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims.

(1) NAME OF CREDITOR AND COMPLETE MAILING ADDRESS INCLUDING ZIP CODE	(2) NAME, TELEPHONE NUMBER AND COMPLETE MAILING ADDRESS, INCLUDING ZIP CODE OF EMPLOYEE, AGENT, OR DEPARTMENT OF CREDITOR FAMILIAR WITH CLAIM.	(3) NATURE OF CLAIM (trade debt, bank loan, government contract, etc)	(4) C U S D	(5) AMOUNT OF CLAIM (If secured also state value of security)
City of Chicago Dept of Reve Remittance Center P O Box 4641 Chicago, IL 60680-4641			U	180.00
Nutrition Clinic C/O Gautam Gupta, M.D. 6090 Strathmoor Dr., Suite 4 Rockford, IL 61107 (815) 229-1899			U	165.00
St. James Hospital & Health 37653 Eagle Way Chicago, IL 60678-1376 (888) 714-7625			U	164.89
Account Recovery Service 3031 N. 114th Street Milwaukee, WI 53222 (888) 385-3805			U	164.00
St. James Hospital & Health 37653 Eagle Way Chicago, IL 60678-1376 (888) 714-7625			U	127.60
Mutual Hospital Services P O Box 663519 Indianapolis, IN 46266-3519 (888) 484-2058			U	127.00
First Premier Bank P O Box 5524 Sioux Falls, SD 57117 (888) 604-9424			U	121.00
Mutual Hospital Services P O Box 663519 Indianapolis, IN 46266-3519 (888) 484-2058			U	118.00
City of Chicago Dept of Reve Remittance Center P O Box 4641 Chicago, IL 60680-4641			U	100.00
City of Chicago Dept of Reve Remittance Center P O Box 4641 Chicago, IL 60680-4641			U	100.00

"(4) C U D S" If contingent, enter C; if unliquidated, enter U; if disputed, enter D; if subject to setoff, enter S.

\* Value of secured portion of claim



Form B4W (10/05)

BlumbergExcelsior, Inc., Publisher, NYC 10013

**UNITED STATES BANKRUPTCY COURT**  
HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

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City of Chicago Dept of Reve Remittance Center P O Box 4641 Chicago, IL 60680-4641			U	100.00
City of Chicago Dept of Reve Remittance Center P O Box 4641 Chicago, IL 60680-4641			U	100.00
Associated St. James Radiolo P O Box 3597 Springfield, IL 62708-3597 (877) 621-7038			U	99.00
Dependon Collection Service 120 W. 22nd Street, Suite 36 Oak Brook, IL 60523 (708) 209-1301			U	95.00
Emerg Care & Health Org. Ltd 555 W. Court Street, #410 Kankakee, IL 60901 (888) 828-3192			U	88.00
Mutual Hospital Services P O Box 663519 Indianapolis, IN 46266-3519 (888) 484-2058			U	86.00
St. James Hospital & Health 37653 Eagle Way Chicago, IL 60678-1376 (888) 714-7625			U	62.02
Account Recovery Service 3031 N. 114th Street Milwaukee, WI 53222 (888) 385-3805			U	62.00
St. James Hospital & Health 37653 Eagle Way Chicago, IL 60678-1376 (888) 714-7625			U	55.86
St. James Hospital & Health C/O Accounts Recovery Bureau P O Box 6768 Wyomissing, PA 19610-0768 (888) 310-3042			U	55.86

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**UNITED STATES BANKRUPTCY COURT**  
HARRIS-MUHAMMAD: DEMETRIUIS  
MUHAMMAD: YOLANDA

NORTHE **DISTRICT OF** Illinois  
Debtor(s) Case No.

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Account Recovery Service 3031 N. 114th Street Milwaukee, WI 53222 (888) 385-3805			U	55.00
St. James Hospital & Health 37653 Eagle Way Chicago, IL 60678-1376 (888) 714-7625			U	51.11
Account Recovery Service 3031 N. 114th Street Milwaukee, WI 53222 (888) 385-3805			U	51.00
Associated St. James Radiolo P O Box 3597 Springfield, IL 62708-3597 (877) 621-7038			U	37.00
St. James Hospital & Health 37653 Eagle Way Chicago, IL 60678-1376 (888) 714-7625			U	34.23
Account Recovery Service 3031 N. 114th Street Milwaukee, WI 53222 (888) 385-3805			U	34.00
St. James Hospital & Health 37653 Eagle Way Chicago, IL 60678-1376 (888) 714-7625			U	33.18
Emerg Care & Health Org. Ltd 555 W. Court Street, #410 Kankakee, IL 60901 (888) 828-3192			U	25.69
Family Dental Care of Calume 313 E. River Oaks Drive Calumet City, IL 60409 (708) 862-2328			U	22.00
ACL, Inc. C/O Collection Services P O Box 27901 West Allis, WI 53227 (888) 719-3569			U	12.96

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**UNITED STATES BANKRUPTCY COURT**

**NORTHE DISTRICT OF Illinois**

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US Dept. Education C/O Van Ru Credit Corp. P O Box 1027 Skokie, IL 60076-1027 (888) 593-5183/888-337-8331			U	0.00
St. James Hospital & Health C/O Mutual Hospital Services P O Box 663519 Indianapolis, IN 46266-3519 (888) 484-2058			U	0.00
St. James Hospital & Health C/O Accounts Recovery Bureau P O Box 6768 Wyomissing, PA 19610-0768 (888) 310-3042			U	0.00
St. James Hospital & Health C/O Accounts Recovery Bureau P O Box 6768 Wyomissing, PA 19610-0768 (888) 310-3042			U	0.00
St. James Hospital & Health C/O Accounts Recovery Bureau P O Box 6768 Wyomissing, PA 19610-0768 (888) 310-3042			U	0.00
St. James Hospital & Health C/O Accounts Recovery Bureau P O Box 6768 Wyomissing, PA 19610-0768 (888) 310-3042			U	0.00
Sprint PCS C/O AFNI, Inc. P O Box 20939 Ferndale, MI 48220 (888) 309-2416/ (888) 216-24			U	0.00
LA Weight Loss Centers - Cal C/O Burns & Kasmien, P.C. P O Box 974 Jenkintown, PA 19046 (888) 277-4408			U	0.00
Comcast Cable C/O Credit Protection Assoc. 13355 Noel Road Dallas, TX 75240 (877) 332-2432			U	0.00
Chicago Dept. of Revenue Linebarger Goggan Blair Samp P O Box 06152 Chicago, IL 60606-0152 (866) 391-3975			U	0.00

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